Desi Avalianie Coby

| Effective October 1, 2000 | | | | | | | | | | | | |
|---|--|---|----------------|-------------------|-------------------------------------|----------------------------------|-----|-----------------------------|------------------------|----------|----------------------------|---------------------------------------|
| CLAIMS AS FILED - PART (Column 1) | | | | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
| TOTAL CLAIMS | | | 1: (| | | | Γ | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | В | ASIC FEE | 355.00 | OR | ASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | (minus 20= | | · Ø | | Γ | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = | | .02 | | | X40= | | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | | +270= | |
| * If the difference in column 1 is less than zero, ente | | | | | r "O" in c | olumn 2 | | | | OR OR | TOTAL | 710 |
| CLAIMS AS AMENDED - PAR | | | | | | | - | TOTAL | | Un | OTHER | |
| CLAIMS AS AMENDE | | | | | mn 2) | (Column 3) | | SMALL E | NTITY | OR | SMALL I | |
| AMENDMENT A | 11 03 10 | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER HOUSLY OFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 21 | Minus | •• | 20 | = | 1 [| X\$ 9= | | OR | X\$18€ | 50 |
| | Independent | • 3 | Minus | 120 | 3 | • | | X40= | | OŘ | X80= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | J | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL | | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Coli | umn 2) | (Column 3 | | DDIT. FEE | | • | ADDII.1 CC | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIG NU PRE\ | MBER MOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | Minus | ** | | = |] [| X\$ 9= | · | OR | X\$18= | |
| | independent | • | Minus | ••• | | = | 41 | X40= | | OR | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDEN | | | | NT CLAIM | |] | +135= | | OR | +270= | |
| | | | | | | | Ŀ | TOTAL | | ┫ | TOTAL ADDIT. FEE | : |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEE | | • | ADDII. PE | · · · · · · · · · · · · · · · · · · · |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIC NU PRE | GREST IMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | | 3 | | X\$ 9= | | OR | X\$18= | <i>)</i> |
| | Independent | • | Minus | | | - | 41 | X40= | | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | _ | +135= | | OR | | |
| | If the entry in colu | the entry in column 1 is less than the entry in column 2, write "0" in column 3. I the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. | | | | | | | | OR | TOTAL | - |
| | II the Highest Nu | mher Provincely | Paid For IN Th | HIS SPAC | E is less th | an 20, enter 7 an 3. enter 53 | • | ADDIT. FEE und in the ap | | | AUUN. PE | E L |
| | • | • | | | • | | | | | | | |

Application or Docket Number